## REQUEST FORM FOR THE USE OF LEGISLATIVE ROOMS

Scheduling Coordinator: Cassandra Bauman 538-1032/fax 538-1712 (e-mail <a href="mailto:cassandrabauman@utah.gov">cassandrabauman@utah.gov</a> with "Room Request" in the subject line)

Name				
Date of Meeting				
Time of Meeting		Length of	Meeting	
Organization				
Approximate Number	of People Attend	ling		
Legislative Room Req	uested			
Date of Request				
USE OF LEGI BY THOSE G I UNDERSTA STATE ENTI	ISLATIVE CON UIDELINES. .ND I [OR IF SO TY] WILL BE I	MMITTEE ROOMS.	HED GUIDELINES FOR AGREE TO BE BOUND  ATE ENTITY, THAT E FOR ANY DAMAGE	
Authorized Signature				
Phone Number				
	Jse of Committee I		egislative Management Commit ing," under "User Qualifications" information:	
IAT Information:				
Fund	Agency	Org	Approp	
(or)				
Credit Card Informa	tion:			
Type of Card	Card No			
Name of Cardholder .	(F.	Exactly as shown on card)		
		and the care of the care,		
Expiration Date				